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DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: FAX-T CORP. AGENTS, INC.
8405 NW 53RD ST
SUITE C-100
MIAMI FL 33166- 02-
CONTACT: LIDIA FERNANDEZ
PHONE: (305) 599-0839
FAX: (305) 592-9591

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DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: INDUSTRIAS AGROPECUARIAS, CORP.
FAX AUDIT NUMBER: H96000006431
CURRENT STATUS: REQUESTED
DATE REQUESTED: 05/07/1996
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DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 7, 1996

FAS-T CORP. AGENTS, CORP.

MIAMI, FL

SUBJECT: INDUSTRIAS AGROPECUARIAS, CORP. *OR* AGROPECUARIAS INDUSTRIES, CORP.
REF: W96000009743

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The corporate name must be identical throughout the document.

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Loria Poole
Corporate Specialist

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Sandra B. Mortham
Secretary of State

May 9, 1996

FAS-T CORP. AGENTS, CORP.

MIAMI, FL

SUBJECT: INDUSTRIAS AGROPECUARIAS, CORP.
REF: W96000009743

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Loria Poole
Corporate Specialist

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H96000006431

ARTICLE OF INCORPORATION

OF

INDUSTRIAS AGROPECUARIAS, CORP.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: INDUSTRIAS AGROPECUARIAS,CORP.

The principal place of business of this corporation shall be:
692 W. 29 St. # 9
Hialeah, Fl.33012

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State,the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 100 x $ 10.00 = $ 1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

Prepared by: Basic Accounting Services, Inc.
692 W. 29th St. Ste. #09
Hialeah, Fl 33012
(305) 887-4185

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

MINDLA BORENSZTEIN E. DIRECTOR
Colonia 1496 Dpto. 101 Montevideo, Uruguay
c/o Hector J. Hall 692 W. 29 St. # 9 Hialeah,Fl.33012

SAMUEL L. GALPERIN K. DIRECTOR
Colonia 1496 Dpto. 101 Montevideo, Uruguay
c/o Hector J. hall 692 W. 29 St. # 9 Hialeah,Fl.33012

OSORIO MARTIRENA G. DIRECTOR
Colonia 1496 Dpto.101 Montevideo, Uruguay
c/o Hector J. Hall 692 W. 29 St. # 9 Hialeah,Fl.33012

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

MINDLA BORENSZTEIN E. PRESIDENT (34 shares)
Colonia 1496 Dpto. 101 Montevideo, Uruguay
c/o Hector J. Hall 692 W. 29 St. # 9 Hialeah,Fl.33012

SAMUEL L. GALPERIN K. SECRETARY (33 shares)
Colonia 1496 Dpto. 101 Montevideo, Uruguay
c/o Hector J. Hall 692 W. 29 St. # 9 Hialeah, Fl.33012

OSORIO MARTIRENA G. TREASURER (33 shares)
Colonia 1496 Dpto. 101 Montevideo, Uruguay
c/o Hector J. Hall 692 W. 29 St. # 9 Hialeah,Fl.33012

The undersigned has(have) executed these Article of Incorporation this 6 th. day of May, 19 96 .

Signature/Title

Signature/Title

Signature/Title

CERTIFICATE OR DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: INDUSTRIAS AGROPECUARIAS, CORP.

2. The name and address of the registered agent and office is Nicolas Garcia (Name)

692 W. 29 St. # 9 (P. O. BOX NOT ACCEPTABLE)

Hialeah,Fl.33012 (CITY/STATE/ZIP)

FILED
96 MAY -9 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

SIGNATURE _____

DATE 5-6-96